

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 6      | 9-17-01 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date |
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| Final    |      |
| Original |      |
| 1        | ✓    |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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